



DEPARTMENT OF MOTOR VEHICLE SAFETY
2206 EAST VIEW PARKWAY, P.O. BOX 80447
CONYERS, GEORGIA 30013
PHONE #678-413-8731 OR 8732

A P P L I C A T I O N

**FOR TRANSFER OF CAPITAL STOCK, CHANGE OF
CORPORATE NAME AND/OR CHANGE OF CONTROL
AND MANAGEMENT OF MOTOR CARRIER
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

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GEORGIA, _____ COUNTY:

Application is hereby made to the DEPARTMENT OF MOTOR VEHICLE SAFETY for () change of corporate name; () transfer of capital stock; () change of control and management:

FROM: _____

Names of transferor stockholders)

TO: _____

Names of transferee stockholders)

FORMER CORPORATE
NAME AND ADDRESS _____

CURRENT CORPORATE
NAME AND ADDRESS _____

Applicant is the holder of Class _____ Certificate (s) of Public Convenience and Necessity No (s). _____ authorizing the transportation of () household goods, () passengers, as described in said certificate(s).

Name and address of Attorney in Fact, or Agent for Service:

Telephone # (____) _____ e-mail address: _____

Names and addresses of the Officers, Board of Directors, and transferee stockholders:

OFFICERS

NAME

ADDRESS

_____	Pres.	_____
_____	V. Pres.	_____
_____	Secty.	_____
_____	Treas.	_____

BOARD OF DIRECTORS

NAME

ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____

Also, list below the name, address and number of shares owned by each of the stockholders:

NAME

PHYSICAL ADDRESS

OF SHARES

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STATEMENT OF ASSETS AND LIABILITIES

ASSETS

Cash on hand-----\$ _____

Notes receivable-----\$ _____

Materials and supplies inventories,

Vehicles: \$ _____

Less: Reserve for Depreciation _____ \$ _____

Other Assets-----\$ _____

TOTAL-----\$ _____

LIABILITIES

Notes payable \$ _____

Accounts payable _____

Interchange payable _____

Equipment obligations _____

Other liabilities _____

TOTAL-----\$ _____

The transferee stockholders and/or persons who will have control and management of the corporation have rectified all acts and obligations of the corporation heretofore performed, or to be performed, as a result of all transactions or authorizations of the transferor stockholders or persons having control and management of the corporation.

BY: _____
(Authorized Officer or Attorney)

Telephone #

Sworn to and subscribed before

me this the _____ day of

e-mail address

_____, 20____.

(Notary Public)

My Commission Expires _____